

**Greater Cincinnati Behavioral Health Services  
Holistic Health Project Progress Note**

Date of Service

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

Staff Name/Code

Client Name:	Client ID #
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Start Time	End Time	Service Code	Location
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> 53-GCB <input type="checkbox"/> 12-Client Home <input type="checkbox"/> 99-Community
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> 53-GCB <input type="checkbox"/> 12-Client Home <input type="checkbox"/> 99-Community

Height:	Weight:	BMI:	BP:	Temperature:
FT IN	LBS		Systolic:	
			Diastolic:	
Respirations:	Pulse:	Blood Glucose: <input type="checkbox"/> Fasting <input type="checkbox"/> Postprandial		

**ASSESSMENT/ACTIVITY/OBSERVATIONS**


**INTERVENTIONS**


**Physical Health**

- ☐ Patient's physical health was **screened** or **assessed** at this visit
- ☐ Patient received a **referral** for a physical health problem at this visit
- ☐ Patient's visit included physical health **treatment planning**
- ☐ Patient's visit included physical health **medication management**
- ☐ Patient was **hospitalized** for physical health problem since last visit

**Substance Use**

- ☐ Patient's substance use was **screened** or **assessed** at this visit
- ☐ Patient received a **referral** for a substance use problem at this visit
- ☐ Patient's visit included substance use **medication management**
- ☐ Patient was **hospitalized** for substance use problem since last visit

**Providers Seen**

- ☐ Patient's visit included contact with **care managers**
- ☐ Patient's visit included contact with **primary care providers**-MD, NP, PA, RN

**Mental Health**

- ☐ Patient received a **referral** for a mental health problem at this visit
- ☐ Patient's visit included mental health **medication management**

**Wellness**

- ☐ Patient received a **referral** for wellness programming at this visit
- ☐ Patient's visit included **smoking cessation**
- ☐ Patient's visit included **nutrition education**
- ☐ Patient's visit included **healthy cooking**
- ☐ Patient's visit included **diabetes education**

- ☐ Patient's visit included **hypertension education**
- ☐ Patient's visit included **healthy cooking**
- ☐ Patient's visit included **physical activity education**
- ☐ Patient's visit included **stress management**
- ☐ Patient's visit included **illness self-management**
- ☐ Patient's visit included **recovery activities**

**Last visit date with HCC was:**

☐ Other:

Staff Signature:	<input type="checkbox"/> RN	Signature/Documentation Date
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[illegible]

Staff Signature:	<input type="checkbox"/> RN	Signature/Documentation Date
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